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February 12, 2015

Public Health Commission Mental Health Commission Los Angeles County

Respected Members of the Los Angeles County Public Health and Mental Health Commissions:

I am Lynn Kersey, a proud graduate of the Jonathan and Karen Fielding School of Public Health at UCLA, and the Executive Director of Maternal and Child Health Access. MCHA is an organization with nearly 20 years of history in downtown Los Angeles, a local organization with statewide impact.

Thank you for the opportunity to speak before you today. <u>Today, I would ask the Commissions to ask the Board of Supervisors to reconsider the wisdom of an integrated health agency</u>. Sixty days is not enough time for this process and not enough time to adequately understand the issues that the proposal seeks to address – instead, stakeholders are being asked to come up with why the integration is a good or bad idea. All of this should have been considered, unfortunately, before a brand-new Board of Supervisors voted in January.

The Health Director and Board of Supervisors, with all due respect, do not seem to understand the distinction between public health and health services. The confidential and other memos from Dr. Katz speak to better care for patients, better response to health plans, problems with eligibility and enrollment, linking preventive individual health to clinic services, and some general statements about cost savings. All of these issues can be addressed within the Department of Health Services without taking over the Department of Public Health. These integration issues for individual patients have nothing to do with public health, which includes patients within LAC DHS equally with patients from LA Care, from UCLA Health Systems, from Cedars Sinai Hospital - from wherever one receives or doesn't receive health care. Unfortunately, Dr. Katz gives even more examples, citing that the Department of Public Health has nutrition and exercise programs within the community, but that those aren't targeted at DHS patients. Well, that's because they're community level mass messaging to prevent, protect and promote the public's health and actually, everyone is entitled to those public health messages. Public Health is not the provision of health care to the poor or indigent, not even the provision of preventive health care, a misconception often reinforced in the media. Public Health, as defined by the World Health Organization, is the following:

Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life <u>among the population as a whole</u>. Its activities aim to

<u>provide conditions</u> in which people can be healthy <u>and focus on entire populations</u>, not on individual patients or diseases. Thus, public health is concerned with the total system and not only the eradication of a particular disease.

More and more efforts are underway to shift our landscape and environment to encourage healthy behaviors. These are efforts that our Department of Public Health has championed in recent grantfunded initiatives, such as thorough monitoring of our climate, safe and walkable/rideable streets, and provision of adequate places to buy fresh produce. The Department of Public Health must be nimble and able to respond to new threats listed daily in our media: to our safety, to our drinking water from gas and oil extraction known as fracking, to our clean air and to our physical fitness through the lack of planning of healthy communities. These efforts will suffer financially and otherwise if pulled under the Department of Health Services.

Dr. Katz's concerns can be addressed by integration within the Health Department without merging population-level public health. This possibility should be explored. Maternal and Child Health Access respectfully asks you to oppose the integration of Departments, and to urge the Board of Supervisors to reconsider their vote in concept.

Thank you for your attention to our concerns.

Sincerely,